



AUTHORIZATION TO RELEASE INFORMATION (Utility Form)

<i>Date:</i>
<i>Customer Name (as listed on account):</i>
<i>Service Address:</i>
<i>Mailing Address (if different from Service Address):</i>
<i>Phone Number:</i>
<i>Alternative Phone Number:</i>

I am aware of the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize the City of Brazil Utilities to release information regarding my account to:

<i>Name:</i>
<i>Address:</i>
<i>Phone Number:</i>
<i>Social Security Number or Driver's License Number:</i>

Signed: _____ Date _____

For Office Use Only

<i>Date Received:</i>	<i>Account Number:</i>
<i>Utility Billing Office Signature:</i>	